

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4	/						54						
5	/						55						
6		/					56						
7		/					57						
8		3					58						
9		3					59						
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20		3					70						
21		3					71						
22		2					72						
23		3					73						
24		2					74						
25		3					75						
26		3					76						
27	/						77						
28		/					78						
29		/					79						
30	/						80						
31	/						81						
32		/					82						
33		/					83						
34		3					84						
35		3					85						
36		3					86						
37		3					87						
38		3					88						
39		3					89						
40		2					90						
41		3					91						
42		3					92						
43		3					93						
44		2					94						
45		3					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	47						TOTAL DEP.						
TOTAL CLAIMS	105						TOTAL CLAIMS						